V. S. No

ż

20. FILED May

STATE OF MARYLAND—	CERTIFICATE OF DEATH
1. PLACE OF DEATH	05551
County Kent County	Registration Dist. No. 202
Village or City healellain	No. St. Ward
	death occurred in a horpital or institution, give its NAME instead of street and number) ds. How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME Rallew Cann	
(a) Residence: No. (Usual place of abode)	St., Ward.  If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED,	21. DATE OF DEATH
OR DIVORCED (write the word)	May 27 193 6
Male Note Vidove	(Month) (Day) (Year)
5a. If married, widowed, or divorcad HUSBAND of	22. I HEREBY CERTIFY, That I attended deceased from
(or) WIFE of Harma Cann	7. 4 10
1818	Mr. Melical alliator
6. DATE OF BIRTH (month, day, and year)  7. AGE Years Months Days If LESS than	I last saw h alive on
1 day hrs	to have occurred on the date stated above, at . G. 44
6 / O ormin.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows:
8. Trada, profession, or particular	Dacanday 1933
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc sutured farm hand 9. Industry or business in which	Greenes For
9. Industry or business in which work was done, as STLK MILL,	Inhected Host: not an assident
SAW MILL BANK etc.	
10. Dato decaased last worked at 1925 11. Total time (years)	2 showy a Infestal fact due to throodoris
this occupation (month and yaar) spent in this occupation	obliterana cufp
D / W./	Other Contributery Causes of importanca:
12. BIRTHPLACE (city or town) analy fresh.  (State or country)	9/
	Perebil Kleurrhge 1928
13. NAME ann. lann	/
14. BIRTHPLACE (city or lown) / Lanf Co.	Name of operation Date of
(State or country)	What test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME Unibuma, Mary.	
I John Maria	23. If death was due to external causes (VIOLENCE) fill in also the following:
16. BIRTHPLACE (city or town)	Accident, suicida, or homicide?
(State or country)	Where did injury occur?
17. INFORMANT Stargely Kann	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
(Address) Chiefeloun Md.	
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Placa Finiles Ceres Oate Stay 29, 19.35	Natura of injury
21 - /1:10	
19. UNDERTAKER Marian by hellamy	24. Was disease or injury in any way related to occupation of deceased?

Registrar.

(Signed)

(Address)

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.-The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, c. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

SICIA	PHY	BY	STATEMENTS	FURTHER	FOR	SPACE	ADDITIONAL
SICIA	PHY	BY	STATEMENTS	FURTHER	FOR	SPACE	ADDITIONAL

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STATE	OF	MARVI	AND-	CERTIFI	CATE	OF	DFA	TH
SIAIL	U	INI WILL	AIV .	CLIVIII	CALL		VLA	

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J	0	1)	1	1	

1. PLACE OF DEATH	(131)
County // wif	Registration Dist. No. 202
Village or City Suchistrian	NoSt.,Ward
	(If death occurred in a horpital or institution, give its NAME instead of street and number) osds. How long In U.S. if of foreign birth?yrsmosds.
Length of residence in city of town where death occurred 39 yrs.	osyrsmosus.
2. FULL NAME Chadelle Many	
(a) Residence: No.	St., Ward.
(Usual place of abode) PERSONAL AND STATISTICAL PARTICULARS	If nonresident give city or town and State  MEDICAL CERTIFICATE OF DEATH
	21. DATE OF DEATH
3. SEX 4. COLOR OR RACE S. SINGLE, MARRIED, WIDOWED, OR PLYORCED (write the word)	May 6 1935
timale lot, voigon	(Month) (Dey) (Yeer)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of	22. I HEREBY CERTIFY. Thet I attended deceesed from
texullyander Chang St.	Jan 36 ,1935, 10 May 6 ,1935
6. DATE OF BIRTH (month, day, end yeer)	dast sew h alive on May 4 , 1935; deeth is seid
7. AGE Years Months Days If LESS then	to have occurred on the date stated ebove, at 6.35-4, m,
81 Whenowy dey,hr	THE PRINCIPAL CROSE OF DEATH and refered ceases of importance
8. Trada, profession, or perticular	Arlenoselesosis Cardio - Date of onset
kind ot work dona, as SPINNER, SAWYER, BDDKKEEPER, etc	rual susufferency; (obat)
kind ot work dona, as SPINNER, SAWYER, BDDKKEEPER, etc	meaning, Chronic interstitial mephritis.
work was dono, as SILK MILL, SAW MILL, BANK, etc	
11. Total time (years) this occupation (month end 925 year)  11. Total time (years) spent in this occupation occupation	
O of the second	Other Contributory Causes of Importance:
12. BIRTHPLACE (city or town) Dalfamen Mac	Chrone Constitution
(State or country)	
I 3. NAME INKNOWN	
13. NAME  14. BIRTHPLACE (city or town)  14. Significant and several s	Name of operation
(State of country)	What test confirmed diagnosis?
15. MAIDEN NAME  16. BIRTHPLACE (city or town)  (State or country)	23. If deeth wes due to externel ceuses (VIQL ENCE) fill in also tha following:
[ 16. BIRTHPLACE (city or town)	Accident, sulcide, or homicide? Dete of Injury, 19
∑ (Steta or country)	Whera did injury occur? (Specify city or town, county and State)
17. INFORMANT & Beatrice 3 Might	Specify whether injury occurred in INDÚSTRY, in HOME, or in PÚBLIC PLACE.
18. BURIAL, CREMATION, OB/REMOVAL	Manner of Injury
Place Muchular Clan Date May 8, 193	Neture of injury
10 HADESTAKES Marinell Williams	24. Wes disease or injury in any wey releted to occupation of deceased?
19. UNDERTAKER Affaymaly Waluums (Address) Chiefwaym Ma	If so, specify D'D
1 / Y was son she	(Signed) D'My Mchrum M. D
20. FILED 1950 110 Registrar.	(Address) 6 Hestertown Ald

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Example 1		Example 11		
The principal cause of death and related eauses of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis	1915	Attack of epilepsy	1 week ago	
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Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
SHIPEAN				
Other contributory causes of importance:		Other contributory eauscs of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

supplied.

CAUSE OF DEATH in plain terms,

mation should be carefully

# STATE OF MARYLAND-CERTIFICATE OF DEATH

05553

1. PLACE OF DEATH	92-0
County Kent	Registration Dist. No. 201
Village or City Chrestustown	NoSt.,Wa
Length of rasidence in city or town where death occurredyrs	(If death occurred in a horpital or institution, give its NAME instead of street and number)  mos
Length of fasidence in city of town where death occurredyrs	mosds. How long in U.S. if of foreign birth?yrsmos
2. FULL NAME Thy He Mendanus	
(a) Residence: No.	St., Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR DR RACE OR DIVORCED (write the word) Maria	
5a. If married, widowed, or diverced HUSBAND of (or) WIFE of	22. I HEREBY CERTIFY, That I attended deceased fr
Sarah S. Mindanul	breay 2 ( 1935, 10 ha my 2/ 193
6. DATE OF BIRTH (month, day, and year) Aug. 27 1859	I last saw h alive on 2019 30; death is si
7. AGE Years Months Days If LESS than	To the total the date of the day of the total
73 # 24 1day,h	war as follows:
Trade profession or equipular	Date of one
o. Have, profession, of particular kind of work done, as SPINNER, which is SAWYER, BODKKEEPER, etc which farmer	Calm &
9. Industry or business in which work was done, as SILK MILL,	1.
SAW MILL, BANK, etc.	
11. Total time (years) this occupation (month and	,
year) /13-24 occupation /14	Other Contributory Causes of importance:
12. BIRTHPLACE (city or town) Juseux Lounli	Direct Continuatory Causes of Importance.
(State or country)	
13. NAME Yohn, Orinin Clendanie	4.
13. NAME John. Osynin Cleudance 14. BIRTHPLACE (city or town) Slunder.	Nama of operation Data of
(State or country)	What test confirmed diagnosis? Was there an au'opsy?
	23. If death was due to external causes (VIOLENCE) fill In also the following:
16. BIRTHPLACE (city or town)	Accident, suicide, or homicide?
Q/ 11 A/ / ' . A	Where did injury occur? (Specify city or town, county and State)
17. INFORMANT The N. Mindaguel Jr.  (Address) Joursen Sadi	Specify whather injury occurred in INDÚSTRY, in HDME, or in PÚBLIC PLACE.
18. BURIAL, CREMATION OR REMOVAL	Manner of injury
Place Shrunsburg Um Date May 27, 193	
ba line	24. Was disease or injury in any way related to occupation of decaased?
19. UNDERTAKER Affine U! Mallama (Addrass)	
h 9 W 49/	If so, specify
20. FILED Nery 25, 19 3 V W-V . / 4c/s	(Signed) M. (Address) Church Thomas
Registrar,	(Mouless)

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Y. S.	18		
Other contributory causes of importance:	Land	Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER S	STATEMENTS	BY	PHYSICIAN
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1. PLACE OF DEATH should County Registration Dist. No. Village or City (If death occurred in a hospital or institution, give its NAME instead of street and number) S Longth of residence In city or town where death occurred How long in U.S. if of foraign birth?\_\_\_\_\_yrs.\_\_\_\_mos.\_\_\_\_ds. PHYSICIAN (a) Residence: No. (Usual place of abode) If nonresident give city or town and State PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3. SEX 4 COLOR OR RACE 5. SINGLE. MARR 21. DATE OF DEATH (write the word) PERMANENT BINDING classified 5a. If married, widowad, or divorced HUSBAND of (or) WIFE of H 6. DATE OF BIRTH (month, day, and year) ertificate. 7. AGE Months If LESS than Davs to heve occurred on the data stated above FOR 1 day.\_\_\_\_hrs. The PRINCIPAL CAUSE OF DEATH and related ceuses of Importance or\_\_\_\_min. 8. Trade, profession, or particular THIS OCCUPATION RESERVED kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.\_\_\_ may back 9. Industry or business in which work was done, as SILK MILL plnous SAW MILL, BANK, otc.... 10. Date deceased last worked et 11. Total time (yeers) this occupetion (month and spant in this that occupation instructions Other Cantributory Causes of importanca 12. BIRTHPLACE (city or town) (State or country) supplied. plain terms. FATHER 13. NAME 14. BIRTHPLACE (city or town (Stata or country) carefully What tast confirmed diegnosis?\_\_\_ MOTHER important. 15. MAIDEN NAME in 23. If doath was due to external causes (VIOLENCE) fill in also the following: DEATH Accident, suicide, or homicide? \_\_\_\_\_\_ Data of injury \_\_\_\_\_ 19. 16. BIRTHPLACE (city or town (State or country) Whora did injury occur? .... (Specify city or town, county and State) Specify whether Injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. 17. INFORMANT plnods (Addross) OF 18. BURIAL, CREMATION, OR REMOVAL Manner of injury CAUSE Nature of injury MOIL 19. UNDERTAKER (Address) If so, specify

STATE OF MARYLAND—CERTIFICATE OF DEATH

24. Was disease or injury in any way related to occupation of deceased? Registrar. If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Date of enset

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Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
RUREAU	7.		
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

	-A4. vg

1. PLACE OF DEATH County Tant	4	Registration Dist. No. 20	2
Village or City Quak	irnick	No. St.,	Wa
Langth of residence in city or town v		ds. How long in U.S.If of foreign birth?yrsmo	
2. FULL NAME Iter	my Gilbert		
(a) Residence: No. A.		St., Ward.	
PERSONAL AND STAT	(Usual place of abode)	If nonresident give city or town and a MEDICAL CERTIFICATE OF DEATH	State
3. SEX 4. COLOR OR RAC		21. DATE OF DEATH May 8	, 193 5 -
5e. If married, widowed, or divorced	On A d A O Al	(Month) (Day)	(Yaar)
HUSBAND of (or) WIFE of	Mildred Gelfers	22.   HEREBY CERTIFY, That I attended of	deceasad f
6. DATE OF BIRTH (month, day, and year)	Julenown	Wast saw harren aliva on May 7 1935	, 19.2.
7. AGE Yaars Mont		to have occurred on the date stated above, et 10 Pm.	, uddtii is :
65-	1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance ware as follows:	
8. Trada, profession, or particular kind of work done, as SPINNE SAWYER, BODKKEEPER, atc		Acute Cardilia	Oats of or
a la dustry or husings in which		Chronic mitral regungitations	
work was done, as SILK MILL, SAW MILL, BANK, etc.	general work	Coff.	
10. Dete dacaesed last worked at this occupation (month and year)	11. Totel time (years) spent in this occupation		
12. BIRTHPLACE (city or town)		Other Contributory Causes of importance:	
(State or country) mong l	mod .	ner work	
13. NAME WAS ALL	Best		
13. NAME W THE SECOND STATE OF THE SECOND STAT	70 cylord	Name of operation Date of What tast confirmed diagnosis? Was there an ac-	ulopsy?
15. MAIDEN NAME Susie	Villa	23. If death was due to externat causes (VIOLENCE) fill in also the following:	
15. MAIDEN NAME Susies 16. BIRTHPLACE (city or town) W	H. Delber	Accident, suicide, or homicide?	, 19
(State or country)	00 0 1.00 +	Where did injury occur? (Specify city or town, county and State	2)
17. INFORMANT MASTERS	red Bilber	Spacify whathar injury occurred in INDUSTRY, in HOME, or in PUBLIC PLA	CE.
18. BURIAL, CREMATION, OR REMOVAL	m	Mannar of Injury	
Place Chesterlown	Date // Lay // , 19 3 s	Nature of injury	
19. UNDERTAKER AS LYLING	Thenan	24. Was disaase or injury in any way ralated to occupation of decaesed?	
(Address) Chestely	in my	If so, specify	
60. FILED/May 10 19 3V	W. Jucks	(Signad) a symps y with the symps of the sym	0 1

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

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	Example II	
Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
1915	Attack of epilepsy	1 week ago
1921	Run over by street car	1 week ago
July 5,1927	Peritonitis	3 days ago
	Other contributory causes of importance:	
May 1,1923	Gastroenteritis .	1 year
	1915 1921 July 5,1927	Date of onset  The principal cause of death and related causes of importance were as follows:  Attack of epilepsy  1921 Run over by street car  July 5, 1927 Peritonitis  Other contributory causes of importance:

RD. Every item of infor-

WRITE PLA

STATE OF MARTIAND CENTILICATE OF DEA	STATE	TE OF MARY	AND-CERTIFICATE	OF DEATH
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05556

1. PLACE OF	DEATH		82-0)	
County	/Jun		Registr	ration Dist. No. 204
Village or Ci	ity Failse: denca in city or town where		No Atsolutation (see I death occurred in a horpital or institution, give its loss and the long in U.S. If of foreign bir	
2. FULL NAI	VIE 71 m /June	us Gariss		
(a) Residence		(Uaual place of abode)	St., Ward.	esident give city or town and State
PERSON	AL AND STATIST	ICAL PARTICULARS	MEDICAL CERTIFIC	
3. SEX Malı	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH	(Day) (Year)
5a. If married, widow HUSBANO ot (or) WIFE of	Sarah	Hamis	140-11 34	TIFY. Thet I attended deceased from
kind of w SAWYER,	Sion, or particular Sion, as SPINNER, BOOKKEPER, etc.	July 10 /975 Days If LESS than 1 dayhrs. ormin.	to have occurred on the date stated above, at.  The PRINCIPAL CAUSE OF DEATH and relativere as follows:	
work was SAW MILL  10. Oate decease this occup year)  12. BIRTHPLACE (city (State or coun	y or town) Fair	1 2.11	Other Contributory Causes of importance:	nsion make
13. NAME  14. BIRTHPLACE (State or	(city or town)	unt County.	Name of operation	Date of
15. MAIDEN NAM  16. BIRTHPLACE  (State or  17. INFORMANT	(city or town)	Lanis.  Vanis.  Vanis.  Vanis.	What test confirmed diagnosis?  23. If death was due to external causes (VIOL El Accident, suicida, or homicida?  Where did Injury occur?  (Specify Specify whather injury occurred in INDUSTRY	NCE) fill in also the following: Date of injury, 19
18. BURIAL, CREMATI Place Factor  19. UNDERTAKER (Address)	ION OR REMOVAL	Date Than 11 , 1935	Manner of injury  Nature of injury  24. Was diseasa or injury In any way related to	o occupation of deceased?
20. FILED May	4, 1935 3	-4. Frenth Registrar.	(Signed) O AM (Address) & Lust	hohmond M.

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8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

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In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

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Chronic interstitial nephritis	1921	Run over by street cor	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
BURLANCE			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER	STATEMENTS	BY	PHYSICIAN
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	Jo	plu	220	
	item	sho	) jo	
	D. Every	SICIANS	tatement	
	RECOR	(, PHY	Exact si	
	MANENT	XACTLY	classified.	
	IS A PER	stated E.	properly o	sertificate.
	HIS	be	pe	Jo
	-WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-	mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state	CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA-	TION is very important. See instructions on back of certificate.
	UNFADI	supplied.	n terms, so	ee instructi
	WITH	efully	in plai	ant. S
	MLY,	be car	EATH	import
	PLA	pluods	OF D	very
)	-WRITE	mation s	CAUSE	TION is

N. B.-WRITE PLAN

STATE OF MARYLAND-	CERTIFICATE OF DEATH 055	57
1. PLACE OF DEATH	920	
County 1 Kents	Registration Dist. No. 202	
Village or City	NoSt.,	Ward
	death occurred in a hospital or institution, give its NAME instead of street and number)  ds. How long in U.S. If of foreign birth?	
2 FIRE MARK / Box Mussy	in the state of th	
2. FULL NAME		
(a) Residence: No. Mr. Roch Hall (Usual place of abode)	St., Ward.  If nonresident give city or town and State	
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	- Commence
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED,	21. DATE OF DEATH	
Male OR DIVORCED ("write the word)	Minne 1 a mil	5
5a. If married, widowed, or divorced	(Ogy) (Ye	ar)
HUSBAND of (or) WIFE of	22. I HEREBY CERTIFY, That I attended decease	d from
1960	July , 19 3 4, to May 19 , 19	かいい
6. DATE OF BIRTH (month, day, and year) Not / Cusus	Plast saw h elive on Aback Mary 12, 19.3 1; deeth	ls said
7. AGE Yaars Months Days If LESS than	to have occurred on the date stated above, atm.	
7 J   1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causas of importance were as follows:	
Frada profession or particular	Date	) onset
o kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.		
9. Industry or business in which work was dona, as SILK MILL, SAW MILL, BANK, atc.  10. Data dacased last worked at this occupation (month and spent in this securation (month and spent in this securation).	Val. Herry dum	
SAW MILL, BANK, atc		
O 10. Data dacaased last worked at this occupation (month and year)		
your your your your your your your your	Other Contributory Canses of importance:	
12. BIRTHPLACE (city or town) (State or country)		
(otato of country)	man might	
14. BIRTHPLACE (city or town)		
14. BIRTHPLACE (city or town)	Name of operation	
(State of country)	What test confirmed diegnosis? Exman unw Was there an autopsy?	no
15. MAIOEN NAME  16. BIRTHPLACE (city or town) (	23. If death was due to axternal causas (VIOL ENCE) fill in also the following:	
0 16. BIRTHPLACE (city or town) Cent Canal	Accident, suicide, or homicide?	)
(Steta or country)	Where did injury occur? (Specify city or town, county and State)	
17. INFORMANT MAN MIL IV MES	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.	
(Address) / Lock / Lall / Ind		
18. BURIAL, CREMATION, OR REMOVAL Place Assistant Constant Oate 5/2/19-36	Manner of injury	
08/6	Nature of Injury.	
19. UNDERTAKER RALPH A CISCLED	24. Was disease or injury In any way related to occupation of deceased?	
(Address) Jehnslestown, Jady	if so, specify to the of what	4-
20. FILED May 2/, 1935 N.J. Hicks	(Signed) Charlet Ind.	M. O.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

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Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
81			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

IIILESS the

I day hr

If more b.anks are needed, addrose State Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

PHYSIshould be stated EXACTLY, P It may be properly classifled. s on back of certificate. RECORD PERMANI should be carefully supplied ACE of DEATH in plain forms so that is very important. See instructions H UNFADING tem of information should be should state CAUSE OF DEAT ent of OCCUPATION is very limit tatement of

SINDING

FOR

0 W

RESERV

MARGIN

PERSONAL AND STATISTICAL PARTICULARS SINGLE 3 SEX MARRIED WIDOWED. OR DIVORCED (Write the word) 6 DATE OF BIRTH 7 AGE 8 OCCUPATION (a) Trade, profession or particular kind of work (b) General nature of industry business, or establishment in which employed cr (employer) 9 BIRTHPLACE (State or country) 11 BIRTHPLACE OF FATHER ARENT (State or country) 12 MAIDEN NAME OF MOTHER a. 13 BIRTHPLACE OF MOTHER (State or country)

(Informant)

Filed War

(Address)

1986

PLACE OF DEATH

STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No.

Sta Ward)

(If death occurred in

-	Pausch	a hospital or institu- tion, give its NAME ir- stead of street and number.)
	MEDICAL CERTIFICATE O	F DEATH
	16 DATE OF DEATH	7
9		7 19233 -(Day)_3(-(Year)
=	17 I HEREBY CERTIFY, That I atte	
ار	4-25-35 192 . 10 5-	7-35,192
	that I last saw h Mu alive on 5-7	
n	and that death occured on the date stated a	bove, at 72 A.m.
3.	The CAUSE OF DEATH * was as follows:	11 1.
	Pulmonary F	clerculose
	Intestinal F	uterculose
	9	
-	Contributory Extreme Co	chexia do.
	(Duration)	vis. 2. mos. ds.
	(Signed) PWComerys	M. P.
-	192 (Address) Old	uston Del
	*State the Discase Causing Death, Violent Caus s, state (1) Means of In Accidental, Suicidal or Homicidal.	or, in deaths from iury and (2) whether
	18 LENGTH OF RESIDENCE (For Hospit ients or Recent Residents)	als, Institutions, Trans-
	As place In the	yrsds.
-	Where was disease contracted, if not at place of death?	
	Former or usual residence	
	Townseld M. Cemetary	1. May 9, 1935

S. No.

S

(Approved by U. S. Census and American Public Health Association.)

tired 6 yrs). For persons who have no occupation business, that fact may be indicated thus; Farmer (restate occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH. Housemaid, etc. If the occupation has been changed guged in domestic service for wages, as Servani, Cook, played, as At school, or At home. Care should be taken dimite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the wor": d on may form part of the second statement. wever return 'Laborer," "Foreman," "Manager," "Deal-Spinner, (b) Cotton mill; (a) Salesman. should be used only when needed. As eram, letter additional line is provided for the latter statement; it nature of sary to know cases, especially in industrial employments, it is neces-Cinit enginers the first line will be sufficient, e.g., I rmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very im ortant, so that the relative health Statement of Occupation-Precise statement of ocwhatever, write Nonc. Physician, report specifically the occupations of persons en-Foreman, For many occupations a single word or term on Furm leborer, At Home, and children, not gainfully emwithout more precise specification as Day the business or industry, and therefore an Com positor. (b) Automobile fectory. The material Stricery ground, et . But in many a the li d of work and also b the Laborer-Arch "cet, -Coul mine, etc. Wom-Locomolice (6) engineer, ( Paraty)

Statement of Cau e of Death—Name, first, the DIS-EASE CAUSING DEATH they intry affection with respect to time and causation), using naways the same accepted term for the same discuss Emmples: Corebrospinal fever (the only definite symmis "Spidemic cerebrospinal menticitis"; Diphtheria avoid use of "Croup"; Typhoid fever (never report "Typhoid Pneumonia"; Lobar meumonia, Bronchopneumonia ("Pneumonia";

> "Transition," "Marasmus," "Old Age,
> "Transition," "Weakness," etc., when a definite disease the cause. Always qualify all "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. "Dability" ("Congenital," "Senile," etc.), "Dropsy, "Exhaustion," "Heart failure," "Haemorrhage, 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomatic), "Atrophy." "Collapse." "Coma," "Convuisions," as fracture of skull, and consequences (e.g., we, we, teleurise) may be stated under the head of "contributory". carbolic acid-probably suicide. The nature of their jury, actident; Revolver wound of head-homicide; Potso, ed by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOTHCH taken. For violent deaths state means of injury State cause for which surgical operation was undercausing death), 29 ds.; Bronchojmeumonia (secondary), stited unless important. Example: Measles (ci exce (secondary use of "Tumor" for malignant neoplasms); Messles; inges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of unqualified, is indefinite); Tuberculosis of lungs, menapproved Recommendations on statement of cause of Chronic interstitial nephritis. American Medical Association. Examples: Accidental drowning; Struck by railway train-Whooping (name origin; "Cancer" is less definite; avoid cough, or intercurrent) affection need not Committee on Nomenclature Chronic etc. valeular heart disease; The contributory

If this certificate is looked over thoroughly and all questions automorphisms it will prevent further correspondence. The data is essential and must be obtained before the certificate is permanently filed.

Registrar.

BINDING

RESERVED

Date of onset

	Registrar.	(Address) Lesses Line Line
If more blanks are needed, address	State Registrar, 241	s N. Charles Street, Balsimore, Requesting U. S. No. s.

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Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
>			

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIA	N
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N. B.

of OCCUPA-

STATE OF MARYLAND—	CERTIFICATE OF DEATH	5560
County Kent	Registration Dist. No. 203	3
Village or City Rock Hall	No. St.,	447
5 in all	death occurred in a hospital or institution, give its NAME instead of street and nur	mber)
Length of residence in thy of town whole death occurred	ds. How long in U.S. if of foreign birth?yrs,mos.	ds.
(a) Residence: No. Wrynester (Usual place of abode)	St., Ward. Waynes boatch of it nonresident give city or fown and St	Pa, V
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH May 17	193 <b>5</b>
Fa. If married, widowed, or divorced HUSBAND of		
(or) WIFE of Charles Smith	1 HEREBY CERTIFY, That I attended de	ceased from
6. DATE OF BIRTH (month, day, and year) July 13 . 1855	I last saw h aliva on May () 19 50	death is said
7. AGE Years Months Days If LESS than	to heve occurred on the date steted above, at 820 m.	
79 10 X4 1day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	D
1 9 Trade explanation or portionles	Careinoma & Street	Date of onset
A. Irada, professing, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.  Pindustry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.  10. Data daceased last worked at this occupation (month and (M. & M.)		
10. Data daceased last worked at this occupation (month and 1434 spant in this year)		
12. BIRTHPLACE (city or town) Germany	Diher Contributory Causes of Importance:	
(State or country)	Sedonder annie	3month
13. NAME august Jacob	Cashie Numoritaged	
14. BIRTHPLACE (city or town)	Name of operation Date of	
(State of Country)	What test confirmed diagnosis? Was there an eu	opsy?
15. MAIDEN NAME Wilhelmine, maiden varue  16. BIRTHPLACE (city or town)	23. If death was due to external causes (VIDLENCE) fill in also the following:	
5 16. BIRTHPLACE (city or town)	Accident, suicide, or homicide? Date of injury	, 19
(Stete or country)	Where did Injury occur? (Specify city or town, county and State)	
17. INFORMANT how by Carty (Address)	Specify whether injury occurred In INDÚSTRY, in HOME, or in PUBLIC PLAC	E.
18. BURIAL, CREMATION, OR REMOVAL	Manner of Injury	
Place Wally Maple Date My 19 1931	Neture of injury	
19. UNDERTAKER AM. H. GOTH.	24. Was disease or injury in the way related to occupation of deceased?	
20. FILED May 19, 1985 Mus. 7, 13. Surding	(Addrass) Charleston	Jug

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

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Other contributory causes of importance:	J	Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

BINDING

FOR

MARGIN RESERVED

8. No. 1

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8

# Item of Information should be carefully supplied. ACE should be stated EXACTLY, PHYSIS should state CAUSE OF DEATH in plain terms so that it may be properly classified. Exact nent of OCCUPATION is very important. See instructions on back of certificate. RECORD PERMANE A S WITH UNFADING INK--THIS Every Item of Information should be carefully CIANS should state CAUSE OF DEATH in pla statement of OCCUPATION is very important.

	05562
PLACE OF DEATH	STATE OF MARYLAND
County Hent	GERTIFICATE OF DEATH
	Registration Dist. No. 270
Village or City Mullington (No	St.: Ward) (If death occurred in a hospital or institution, give its NAME in stead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Hemale White Single, Married, WHOOWED, OF DIVORCED (Write the word)	16 DATE OF DEATH
DATE OF BIRTH  Opil  (Month)  (Day)  (Year)	17 I HEREBY CERTIFY, That I attended the deceased from 1935: to
7 AGE    If LESS than	and that death occurred on the date stated above, at 4.00 f.m. The CAUSE OF DEATH * was as follows:
(a) Trade, profession or particular kind of work  (b) General nature of industry business, or establishment in which employed or (employer)	(Duration) yrs. mos d. ds
(State or country) Delaware	Contributory Secondary  (Duration)  yrs
10 NAME OF Samuel Jackson	(Signed) M. D
OF FATHER (State or country)  12 MAIDEN NAME  12 MAIDEN NAME	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
OF MOTHER Many C. Diessun  13 BIRTHPLACE	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents)  At place In the
OF MOTHER (State or Country)	of deathyrsmosds. Stateyrsmosds Where was disease contracted,
4 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	if not at place of death?
(Informant) Samuel Tebbett	ususl residence
(Address) millington, my.	millington. md. may 20, 1935
Filed Manap- 1936 ellersell Brice	20 UNDERTAKER TO ADDRESS

Registrar

If more bianks are needed, address state Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

should be used only when needed. As examples: (a) fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocstate occupation at beginning of illness. If retired from household only (not paid Housekeepers who receive a definite salary), may be entered as Housewife, Houseer," etc., without more precise specification as Day laborer, Farm laborer, Laborer—Coal mine, etc. Wom-Spinner, additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Civil engineer, the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of whatever, write None. tired 6 yrs). business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, gaged in domestic service for wages, as Servant, Cook, Housenuid, etc. If the occupation has been changed to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken en at home, who are engaged in the duties of the worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealnature of the business or industry, and therefore an Physician, Compositor, Architect, Locomotive engineer, weer, (b) Cotton mill; (a) Salesman. (b) Grocery: Foreman, (b) Automobile factory. The material or At Home, and children, not gainfully em-For many occupations a single word or term on For persons who have no occupation Stationary fireman, etc. But in many

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal menigitis"); Diphtheria avoid use of "Croup"; Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopncumonia ("Pneumonia,");

accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely approved by Committee on Nomenclature Recommendations on statement of cause of teldnus) may be stated under the head of "contributory." American Medical Association.) use of "Tumor" for malignant neoplasms); inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of carbolic acid-probably suicide. The nature of the injury, "PUERPERAL septicaemia," "PUERPERAL peritonitis, "Debility" ("Congenital," "Senile," etc.), "Dropsy," ("Exhaustion," "Heart failure," "Haemorrhage," ("Inanition," "Marasmus," "Old Age," "Shock," stated unless important. ...... (name origin; "Cancer" is less definite; avoid as fracture of skull, and consequences (e. g., sepsis, Examples: Accidental drowning; Struck by railway trainand qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. FOR VIOLENT DEATHS State MEANS OF INJURY State cause for which surgical operation was underdiseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all "Uruemia," "Weakness," etc., when a definite disease tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), (secondary or intercurrent) affection need not be Chronic interstitial nephritis, Whooping cough; unqualified, is indefinite); Tuberculosis of lungs, men-"Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condi-Chronic Example: Measles (disease etc. The contributory valvular heart disease; Measles ;

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed

mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should scate CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. N. B.-WINTE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-ARGIN RESERVED FOR BINDING

(11)

County Rent	Registration Dist. No.	20
Village or City M cllington	NoS	St.,War
Length of residence in city or town where deeth occurredyrs	(If death occurred in a horpital or institution, give its NAME instead of street	
2. FULL NAME James I June		
(a) Residence: No. Millington Out p	St., Ward.	
(Usual place of abode)	If nonresident give city or tov	
PERSONAL AND STATISTICAL PARTICULARS  SEX   4. COLOR OR RACE   5. SINGLE, MARRIED, WIOOWE		ın
Male White OR DIVORCER (write the wol		, 193 5 (Year)
If married, widowed, or divorced HUSBAND of		
(or) WIFE of Maggie Turner	1935 to May	lended deceased fro
DATE OF BIRTH (month, day, and year) Jan. 10 1866	Hast sawh - Green alive on May 19	9.35°; death is sa
AGE Years Months Days If LESS ti	_	22 22 7 00000 10 00
69 4 9 1 day,	I LIE LYTHCILYT CYOSE OL DEVIU and leigred-eagles of imborrance	ie
1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	were as follows: ugua Pectores	Date of ons
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	<i>8</i>	,
9. Industry or business In which work was done, as SILK MILL, SAW MILL, BANK, etc		
ID. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation	le	
2480 Car Or	Other Contributory Canses of Importance:	
(State or country)  Mauland	(	
13. NAME Lake Furner		
14. BIRTHPLACE (city or town) July anne Co	Name of operation Da	ite of
(State or country) Maryland	95.	ere an autopsy? 24
15. MAIDEN NAME Sarah & Jarrell	23. If death was due to external causes (ViOLENCE) fill In also the fo	
16. BIRTHPLACE (city or town) Queen Lanne Co	Accident, suicide, or homicide? Oate of injury_	
(State or country) manyland	Where did injury occur?	
INFORMANT Maggie Filmer (Address) Wholling Tan Sud	(Specify city or town, county a Specify whether injury occurred In INOUSTRY, In HOME, or in PUB	Ind State)
BURIAL, CREMATION, OR REMOVAL	Menner of injury	
Place Stell Hand Date May 22, 19	3.5. Nature of Injury.	
UNDERTAKER Sparks and Good	24. Was disease or injury in any way related to occupation of deceas	ed?
(Address) Rumpton ma	If so, specify Staply	
FILEO GHan 21-1930/ ellerrill Par	(Signed)	M

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	345	=-4	Example II	
The principal cause of death and related of importance were as follows:	d causes	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1895	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis		1921	Run over by street car	1 week ago
Cerebral hemorrhage	IV. S	July 5,1927	Peritonitis	3 days ago
		را ا	<b>.</b>	
Other contributory causes of importance	e:		Other contributory causes of importance:	
Gallstones		May 1,1923	Gastroenteritis	1 year

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l	J.	U	U	U	٩,	)

1. PLACE OF DEATH	<u> </u>
County Kent	Registration Dist. No. 202
Village or City Kend & Gueen Comes Senera  Length of residence in city or town where death occurred	(If death picurred in a horpital or institution, give its NAME instead of street and number)
2. FULL NAME BOD USIOTAN	
(a) Residence: No. Certainelle, make (Usual place of abode)	St., Ward. Center ville, md.  If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOW OR DIVORCED (write the w	YED, ord) 21. DATE OF DEATH 5 23 ,193 5 (Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WiFE of	22. I HEREBY CERTIFY, That I attended deceased from 4AM 5/23/, 1935, to 449 A 1/N 5/23/1935
6. DATE OF BIRTH (month, day, and year) may 23 1936	I last sew hear alive on 19 ; death is said
7. AGE Years Months Oays If LESS 1 day.	hrs. The PRINCIPAL CAUSE OF DEATH and related causes of Importance
8. Trade, profession, or particular kind of work done, es SPINNER, SAWYER, BDDKKEEPER, etc.	Still leon
kind of work done, es SPINNER, SAWYER, BDDKKEEPER, etc. 9. Industry or business in which work was done, es SILK MILL, SAW MILL, BANK, etc. 10. Dato deceased last worked et 11. Total time (yeers)	
10. Dato deceased last worked et this occupation (month and year) 11. Total time (yeers) spant in this occupation	
12. BIRTHPLACE (city or town) Cheslertown md (State or country)	Dther Coutributory Causes of importance:
# 13. NAME Willand H. healton	
13. NAME Willard H. Willow  14. BIRTHPLACE (city or town) Prices Station	Name of operation Dete of
(Stete or country) md -	What test confirmed diegnosls? Was there en au'opsy?
15. MAIDEN NAME Elva A. Forvell  16. BIRTHPLACE (city or town) Church Will,  (Stete or country)	23. If death was due to external causes (VIOLENCE) fill in elso the following:  Accident, suicide, or homicide?
17. INFORMANT Willard H. Usillion (Address) Centreville and A.F.	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HDME, or in PUBLIC PLACE.
Place Smysrello Date Jacof 23,	Manner of injury
19. UNDERTAKER J. M. H. Soff Ind .	24. Was disease or injury in any way related to occupation of deceased?
2D. FILED May 23 19 35 W.J. Kraji	(Signed) M. D. (Address) Color of Forter for the first of the color of

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as scrvant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

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9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.-The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

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Example I		Example 11	
The principal cause of death and related causes of importance were as follows:  Arteriosclerosis	Date of onset	The principal cause of death and related causes of importance were as follows:  Attack of epilepsy	Date of onset  1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
. GUREAU V. S.	16		
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
S 2 PV 100 2			

	PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-	should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state	OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA-	
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	SAP	ated	operl	tifica.
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STATE OF MARYLAND-CERTIFICATE OF DEATH 1. PLACE OF DEATH Registration Dist. N County\_ Village or City\_\_\_ (If death occurred in a hospital or institution, give its NAME instead of street and number) Length of residence in city or town where deeth occurred (a) Residence: No. If nonresident give city or town and State (Usual place of abode) MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS 3. SEX 21. DATE OF DEATH 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) 5e. If merried, widowed, or divorced HUSBAND of 22. I HEREBY CERTIFY. Thet I attended deceesed from (or) WIFE of 6. DATE OF BIRTH (month, dey, and year) 7. AGE Devs If LESS then to have occurred on the dete steted above, et Yeers Months 1 dey,\_\_\_\_hrs The PRINCIPAL CAUSE OF DEATH and related causes of Importance or ..... min. Date of onset 8. Trede, profession, or particuler OCCURATION kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc ... 9. Industry or business in which work was done, as SILK MILL. SAW MILL, BANK, etc .... 1D. Date deceesed tast worked et 11. Total time (years) this occupation (month and spent in this occupation 12. BtRTHPLACE (city or town (Stete or country) FATHER 13, NAME Name of operation. 14. BIRTHPLACE (city or town (Stete or country) What test confirmed diegnosis? ..... Wes there an autopsy? ..... MOTHER 1S. MAIDEN NAME 23. If death was due to external causes (VIDLENCE) fill in elso the following: ecident, suicide, or homicide?... 16. BIRTHPLACE (city or town (State or country) (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HDME, or in PUBLIC PLACE. 17. INFORMANT (Address) 18. BURIAL, CREMATION, Manner of injury Neture of Injury 24. Was disease or injury in any way related to occupation of deceased 19. UNDERTAKER (Address) If so, specify (Signed) 20. FILED / (Address) Registrar. If more blanks are needed, address State Registrar, 2411 N. Charles Street, Balsimore, Requesting V. S. No. 1.

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Chronic interstitial nephritis	JUN 7. 1835	1921	Run over by street car	1 week ago
Cerebral hemorrhage	***	July 5,1927	Peritonitis	3 days ago
STREET, STREET	a joh	, (†		
Other contributory causes	of importance:		Other contributory causes of importance:	
Gallstones		May 1,1923	Gastroenteritis	1 year